MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

863-028217

NO STATE STA	O NOT WRITE	ART	ME	NT 0	PU	BLIC I Ro	gistration District No	149 Pri	mary Registrat	ion Dist	rict No	0 Z Registrar's No	367	7	STATE FILE	JUMBER	
REV. A/59 1 1 23 3 3 8 4 3 5 / County Jackson 1	ON THIS STUB		A.	WENDED		FI	LED JUL 2	2 1963				V 4					
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ACCORTACION CONTRACTOR WHEATLEY HOSPT. YOU DO DATE ACCORDS NAME OF DECESSED WHEATLEY HOSPT. Which were the services of the ser							OR	_	ismir omy/		- '	OR					
AND CORRESS AND CONTROL OF THE STORY AND CORRESS AND CORRESPONDED AND CORRESS AND CORRESPONDED AND CORRESS AND CORRESPONDED AN	1		ξ			_				5	0 yrs	<u> </u>		Y			
3 AMAIL OF DECEASE PROFILE AND ARRY AMLY CLAY DEATH 6-29-63 5 / 6 SEX MARK OF DECEASE PROFILE AND ARRY AMLY CLAY DEATH 6-29-63 5 SEX MARK OF DECEASE PROFILE AND ARRY AMLY CLAY DEATH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 2 HR More Married 10 lb. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 2 HR More Married 10 lb. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 2 HR More Married 10 lb. DATE OF BIRTH 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 2 HR More Married 10 lb. SUND OF BUSINESS OR INDUSTRY II. IN BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY UNDER 1 YEAR IF UNDER 2 HR Married 10 lb. SUND OF BUSINESS OR INDUSTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY UNDER 1 YEAR IF UNDER 2 HR Married 10 lb. SUND OF BUSINESS OR INDUSTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY UNDER 1 YEAR IN SUND OF BUSINESS OR INDUSTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF WHAT COUNTRY III. BIRTHLACE (Chy and state or country) IZ CITIZEN OF	<u> </u>				1 1	ŀ	HOSPITAL OR		·		ı	ADDRESS			(ocation)	4	
MARY AMLY CLAY OF BETT OF CASH TO SHAPE	² 3338-		5				INSTITUTION	WHEATLEY H	DSPT.		1.30	<u></u>	2024 A	lgnes		Yes	
Female Negro Wideward Divorced 2-19-95 68 yrs Months Days Hours Mainted Wideward Country 100 (Day 100 According to the land of which dame during many files, even it referred) 100. SENT FOR SENTINGS OR INDUSTRY 110. SERRIPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY Speed, Missouri USA 130. FATHER'S NAME 130. FATHER'S NAME 130. FATHER'S NAME 130. FATHER'S NAME 130. MOTHER'S MAIDEN NAME 150. WAS DECLASED EVER'S IN U.S. ARMED FORCES? 170. INFORMANT 180. GAUSE OF PEATH (Selfer only one cause per lime for mother or mother) (free, no. % of the selfer only one cause per lime for mother or mother) (free, no. % of the selfer only one cause per lime for mother) (free, no. % of the selfer only one cause per lime for mother) (free, no. % of the selfer only one cause per lime for mother) (free, no. % of the selfer only one cause per lime for mother) (free, no. % of the selfer only one cause per lime for mother) (free, no. % of the selfer only one cause per lime for mother) (free, no. % of the selfer only one cause per lime for mother) (free, no. % of the self only one cause follower constitution) (free, no. % of the self only one cause follower of mother) (free, no. % of the selfer only one cause follower of mother) (free, no. % of the selfer only one cause follower of mother) (free, no. % of the selfer only one cause follower of mother) (free, no. % of the selfer only one cause follower of mother) (free, no. % of the selfer only one cause follower of mother) (free, no. % of the selfer only one cause follower of mother) (free, no. % of the selfer only one cause follower of mother) (free, no. % of the selfer only one cause follower) (free, no. % of the selfer only one cause follower) (free, no. % of the selfer only one cause follower) (free, no. % of the selfer only one cause follower) (free, no. % of the selfer only one cause follower) (free, no. % of the selfer only one cause follower) (free, no. % of the selfer only one cause follower) (free, no. % of the selfer only one cause follower) (free, no.	3					3			AMLY	Midd			i OF			_	Year
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13. WAS DECEASE EVERTH U.S. ARMED FORCES? 14. CAUSE OF DEATH (Enter only one cause per line for the control of	6	§		+			during most of working	ng life, even if retired) C				Speed, M	i ssour i	lu	ISA		
13. WAS DECEASE EVERTH U.S. ARMED FORCES? 14. CAUSE OF DEATH (Enter only one cause per line for the control of	7 0	일		11		13	a. FATHER'S NAME	-	13b	. MOTH	ER'S MAIDEN NAM	iE .	14. N/			FE	
18. CAUSE OF DEATH (Enter only one cause per line fig. Pulmonary Thrombosis Interval Between one of the part is to above cause (a). Pulmonary Thrombosis Part iii. Death was coused by the part is to above cause (a). Pulmonary Thrombosis Part iii. Death was coused by the part is to above cause (a). Pulmonary Thrombosis Part iii. Death was conditions, if any, which gave rise to above cause (a). Pulmonary Thrombosis Part iii. Death was conditions, if any, which gave rise to above cause (a). Pulmonary Thrombosis Part iii. Death was conditionally in part iii. Due to (c) Diabatic Canarana, I. Foot: Part iii. Death was famile w	8 2	ſI				15			,	L	<u>ouisa Woo</u>	dson	Geo	rge C	lay		
18. CAUSE OF DEATH (Enter only one cause per line for the part 1. DEATH WAS CAUSED BY 1. DE	<u> </u>	8				(Y	es, no, or unknown) (if	yes, give war or dates of	service								
IMMEDIATE CAUSE (a) Pulmonary Thrombosis 1270-0 13	260X				_ _	۱ –				v	1-7.	debi de c	1ay 202	4 Agn		NTERVAL	BETWEEN
White days rise to above cause (a) staining the underlying cause leat. DUE TO (c) Diabetic Gangreng L. Foot: PART III. If deceased was famale well-like processes condition given in PART I (a) PART III. If deceased was famale well-like prepared in least 90 days PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy least 90 days PART III. If deceased was famale well-like prepared in least 90 days PART III. If deceased was famale well-like prepared in least 90 days PART III. If deceased was famale well-like prepared in least 90 days PART III. If deceased was famale well-like prepared in least 90 days PART III. If deceased was famale well-like prepared in least 90 days PART III. If deceased was famale well-like prepared in least 90 days PART III. III. If deceased was famale well-like prepared in least 90 days PART III. III. III. III. III. III. III. II	10	<u> </u>			S.		PART I.		D111m	ດກຄກ	u Thrombo	cie				ONSET AN	ID DEATH
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NO Unknown 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF How! Month, Day, Year 10. Injury occurred 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home, farm, factory, street, office bidgs, etc.) 20c. INJURY OCCURRED 20c. INJURY (e.g., in or about home	13	티	4	╅┿	→		stating t	he under-	(c) Dja	b⊖ti	c Caneren	e L. Root		,		3 mon	ths
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20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, leading to the best of my like at work 20f. City, Town, Or Location	γģ	₹				ğ							•		_		
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Death occurred at Death occurr	5 X E		₹!	1		넓		4-22-	5 3		. 6-29-	63	nd last any her al	ive on 6-	29-63		
23a. BURIAL, CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	BL ET		¥	11		Ě	_	 _								causes st	ated.
236. BURIAL CREMATION, 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)	ա, ∑		₹			3					3 3 3						
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23a. BURIAL, CREMATION, 23b. DATE 23c. PART OF CEMETER OF CREMATION CONTROL (Street, Control C	7		⊼		<u>-</u>	ان	T.U		<u> </u>	WL	CEMETERY OF COL	1 1433 E. I	33d LOCATION (Eity, town	or county)		
Burial 7-6-63 Blue Kidge Lawn Karisas City, Missouri Zu. Funeral Director Address 25. Date RECD. By Local REG. 26. REGISTRAS SIGNATURE		<u> </u>	<u>.</u>	77	Z		KEWOVAL (Specify)		735 N			1					•
/ S I A Life Dear Turned Home 19th & Bonton 2-2-63			ž		F				IDPESS	RIC	e Kidge L	. awn Te recd. By Local I	REG. 26. REGIS	TRANS SIGN	ATURE	<u>'</u>	
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I hereby certify that the body whose r	name is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
Student Signature of Student Embalmer	Signed Stuce F. With
	Licensed Embalmer No. 4500
	P. O. Address 18 & Benton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.